THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)

☐ **PANTRY REVIEW**   ☐ **PANTRY REPORT**

Use of form: This form will be used by DCFS staff and / or its designees as a monitoring instrument to determine compliance with state and federal requirements for TEFAP.

Instructions: Check the appropriate to the left of each question. "Yes", "No", "NA" (not applicable) or "U" (unable to determine compliance).

A. EFO Affiliation

Name - Pantry	Address - Pantry (Street, City, State, Zip Code)	
Mailing Address - Pantry	Telephone Number	Name - Pantry Manager
Name - Person(s) Interviewed		
Name - Reviewer	Date - Interview (mm/dd/yyyy)	

B. General Information - Site Manager Interview

Yes	No	NA	U		
☐	☐	☐	☐	1.	Does this pantry have a current signed site agreement with the EFO?
☐	☐	☐	☐	2.	Is a copy on file at this pantry?
☐	☐	☐	☐	3.	How long has this pantry been in operation? _____
☐	☐	☐	☐	4.	Has the EFO provided this pantry with training regarding the standards for participation in this program?
				5.	What was the date of the most recent training by the EFO? _____
				6.	What was the date of the most recent on-site review by the EFO at this pantry? _____
☐	☐	☐	☐	6a.	Is a copy of the review report on file?
☐	☐	☐	☐	6b.	Was corrective action required?
☐	☐	☐	☐	7.	Does this pantry serve a specifically defined service area?

B. General Information - Site Manager Interview (continued)

<u>Yes</u>   <u>No</u>   <u>NA</u>   <u>U</u>

8. What is the service area for this pantry? (Specify Zip codes, CESA, municipality or other, as appropriate.)

☐   ☐   ☐   ☐   9. Do you serve clients who live outside your service area?

9a. If "Yes", approximately how many each month? _____

10. Check the days and list the hours of the day that pantry is open.

<u>Days</u>   <u>Hours</u>

☐   Monday   _____ to _____

☐   Tuesday   _____ to _____

☐   Wednesday   _____ to _____

☐   Thursday   _____ to _____

☐   Friday   _____ to _____

☐   Saturday   _____ to _____

☐   Sunday   _____ to _____

☐   ☐   ☐   ☐   11. Are the days and hours posted?

☐   ☐   ☐   ☐   12. Does this pantry repackage or process TEFAP commodities?

☐   ☐   ☐   ☐   13. Does this pantry have bilingual materials or personnel available to assist non-English speaking clients?

☐   ☐   ☐   ☐   14. Does this pantry provide adequate waiting space for clients?

☐   ☐   ☐   ☐   15. Does your pantry have any of the following?

☐ Computer   ☐ Telephone   ☐ Fax machine   ☐ E-mail capacity   ☐ Other - _____

☐ Vehicle   ☐ Freezer   ☐ Refrigerator   ☐ Handtruck / Forklift   ☐ Other - _____

C. Food Receipt / Storage at Pantry

Yes	No	NA	U		
☐	☐	☐	☐	1.	Does this pantry pick up TEFAP commodities from the EFO?
☐	☐	☐	☐	1a.	If "No" are TEFAP commodities delivered by the EFO?
				2.	What was the date of the last pick up or delivery? _____
				3.	How many times per month is food delivered or picked up? _____
☐	☐	☐	☐	4.	Are commodities kept 6" off the floor and stored on pallets, platforms or shelves?
☐	☐	☐	☐	5.	Are commodities stored at least 4" away from walls to allow proper ventilation and permit good air circulation?
☐	☐	☐	☐	6.	Is there sufficient room for working in aisles?
☐	☐	☐	☐	7.	Are storage areas free of uninsulated steam and hot water pipes, water heaters, refrigeration condensing units or other heat producing devices?
☐	☐	☐	☐	8.	Are toxic items (soap, bleach, cleaning supplies) stored away from commodities?
☐	☐	☐	☐	9.	Are floors, pallets and shelving clean?
☐	☐	☐	☐	10.	Are commodity storage areas clean and odor free?
☐	☐	☐	☐	11.	Is there a regular cleaning schedule established, maintained and logged?
☐	☐	☐	☐	12.	Are commodities checked regularly for signs of spoilage or damage and are the dates of the inspection logged?
☐	☐	☐	☐	13.	Are doors, windows and roofs well sealed to prevent pest entry, and / or water damage?
☐	☐	☐	☐	14.	Do the storage areas have adequate safeguards to prevent theft, spoilage, or other loss (locks on doors, windows, limited access)?
☐	☐	☐	☐	15.	Is a good pest control system maintained by staff / volunteers or does the EFO contract with a licensed firm to manage pest control?
				15a.	What was the date of the last inspection? _____
☐	☐	☐	☐	16.	Is equipment and the facility well maintained?
☐	☐	☐	☐	17.	Are there working thermometers in all storage areas (dry, refrigerated, freezer)?
☐	☐	☐	☐	18.	Is a temperature log maintained?
☐	☐	☐	☐	19.	Are dry, refrigerated and frozen items stored at proper temperatures?

Actual reading (dry storage) _____ º F.

Actual reading (refrigerated storage) _____ º F.

Actual reading (frozen storage) _____ º F.

Yes	No	NA	U		
☐	☐	☐	☐	20.	Are controls in place that assure a first-in, first-out (FIFO) inventory flow?
☐	☐	☐	☐	21.	Are any TEFAP commodities currently in storage that were received more than six months prior to the date of this review?

C. Food Receipt / Storage at Pantry (continued)

Yes	No	NA	U		
☐	☐	☐	☐	22.	Has the pantry experienced any losses or received commodities that were spoiled or out of condition?
☐	☐	☐	☐	23.	Have the losses been reported in a timely manner to the EFO on forms provided by the EFO?

D. Eligibility Certification - Pantries Only

Yes	No	NA	U		
☐	☐	☐	☐	1.	Are recipients required to complete the Eligibility Certification for TEFAP Commodities (CFS-2001) form to determine initial eligibility?
☐	☐	☐	☐	2.	Does the pantry require identification if the client is unknown to the pantry workers?
				3.	Check the procedures the pantry worker uses to verify the applicant's address.

  ☐ Valid drivers license ☐ Tax forms ☐ State ID card ☐ Utility bills

  ☐ Passport ☐ Photo ID ☐ Other - _____

Yes	No	NA	U		
☐	☐	☐	☐	4.	Does the CFS-2001 form include current income eligibility guidelines?
☐	☐	☐	☐	5.	Are these forms kept on file for three years?
				5a.	Where are these forms stored? ☐ On site ☐ EFO ☐ Other - _____
☐	☐	☐	☐	6.	Does the pantry have a system in place to serve the homebound, elderly and working poor?
				7.	Describe the process used to serve these population groups.

Yes	No	NA	U		
☐	☐	☐	☐	8.	Does the homebound recipient complete and / or sign an "Eligibility Certification for TEFAP Commodities" (CFS-2001) form?
☐	☐	☐	☐	8a.	If "No", does the proxy complete and / or sign the "Eligibility Certification for TEFAP Commodities" (CFS-2001) form for the homebound?
☐	☐	☐	☐	9.	Do pantry workers / volunteers receive commodities?
☐	☐	☐	☐	10.	Do pantry workers / volunteers complete the "Eligibility Certification for TEFAP Commodities" (CFS-2001) form?
☐	☐	☐	☐	11.	Do volunteers receive commodities if they do not meet the income eligibility guidelines?
☐	☐	☐	☐	12.	Do any volunteers receive an amount that exceeds that issued to other participants?

E. Program Integrity

Yes	No	NA	U		
☐	☐	☐	☐	1.	Are fees / donations / memberships required of the clients?
☐	☐	☐	☐	2.	Do all distribution activities appear to be appropriate?
☐	☐	☐	☐	3.	Does this pantry have an intake process that demonstrates dignity for the client in a polite, culturally sensitive and confidential manner?
☐	☐	☐	☐	4.	Does this pantry have sufficient space between interview and waiting areas to allow for confidentiality?

F. Complaints

Yes	No	NA	U		
☐	☐	☐	☐	1.	Have there been any discrimination complaints filed against this pantry during the last 12 months?
☐	☐	☐	☐	1a.	If so, were they forward to the EFO?
				2.	If you have questions or problems regarding this program, what is the name and telephone number of the person you contact at the EFO?

G. Pantry Inventory

Yes	No	NA	U		
				1.	How many cases of TEFAP commodities are currently in inventory? _____
☐	☐	☐	☐	2.	Does this pantry integrate non-USDA foods with TEFAP commodities in the food package distributed to clients?
				2a.	If "No", why not? _____
☐	☐	☐	☐	3.	Is the non-USDA food at least 50 percent of the amount of food distributed?
				3a.	If "No", what percentage of total food distributed is non-USDA food? _____
				4.	Indicate the source of non-USDA food: ☐ Food bank ☐ Private donation ☐ EFO ☐ Other - _____
					Note: Reviewer to complete physical inventory on page 9.

H. Program Procedures

Yes	No	NA	U		
☐	☐	☐	☐	1.	Does the client self-declare income to determine eligibility for receipt?
☐	☐	☐	☐	2.	Does the pantry allow households to be served at least once every 30 days?
				3.	How often can clients receive food from this pantry? _____
☐	☐	☐	☐	4.	Does the pantry require that clients obtain referral from an outside agency to receive commodities?
☐	☐	☐	☐	5.	Does the pantry pack nutritionally balanced bags of food with amounts varied according to family size?
☐	☐	☐	☐	6.	Is this pantry client choice?

I. Public Awareness

<u>Yes</u>   <u>No</u>   <u>NA</u>   <u>U</u>

1. What types of public outreach and networking are used by this pantry to make the public aware of the pantry's operation?

☐ ☐ ☐ ☐ 2. Are the hours and days of operation posted at all times on the outside of the facility?

☐ ☐ ☐ ☐ 3. Is there information or telephone numbers posted regarding procedures for emergency access?

☐ ☐ ☐ ☐ 4. Is the USDA Title VI nondiscrimination "And Justice For All" poster visible to the clients?

J. Other Information

<u>Yes</u>   <u>No</u>   <u>NA</u>   <u>U</u>

☐ ☐ ☐ ☐ 1. How long have you been pantry coordinator? _____

☐ ☐ ☐ ☐ 2. Are there paid staff at this pantry?

3. How many volunteers are utilized in the distribution of food per month? _____

4. How does this pantry recruit volunteers?

5. What additional services does this pantry provide for low income clients including referral services to other community support services?

☐ ☐ ☐ ☐ 6. Does this pantry have a cooperative arrangement with a food bank for your designated service area?

K. Comments - Pantry Site Staff

L. Describe exemplary activities of this site pantry to provide food security for low income families and individuals.
Best Practices / Procedures:

M. Summary of Concerns / Corrective Actions and / or Comments

CURRENT PHYSICAL INVENTORY

Commodity	Cases Available	Commodity	Cases Available	Comments